

# RIDE-ALONG PROGRAM

## METROPOLITAN POLICE DEPARTMENT

### WASHINGTON, DC

Dear Ride-Along Participant:

Pursuant to the policy and guidelines governing our Ride-Along Program, you are requested to complete the application section of this form so that your request may be processed. You will be advised by the Community Relations Division if your request meets with our requirements for your participation in the Ride-Along Program.

If you are under 21 years of age, the Station Personnel accepting your application will furnish you with a Juvenile Waiver which must be signed by your parent or guardian and returned at the time you are scheduled to ride. If you fail to have the waiver signed, your authorization to ride will be revoked by the Watch Commander.

## APPLICATION TO PARTICIPATE IN THE RIDE-ALONG PROGRAM

FULL NAME		DATE OF BIRTH
HOME ADDRESS - IF STUDENT, LOCAL ADDRESS		LOCAL HOME PHONE
COMMUNITY OR CIVIC ORGANIZATION REPRESENTED		
POSITION IN THE ORGANIZATION		WORK PHONE
IF STUDENT, NAME AND LOCATION OF SCHOOL		
DATE YOU REQUEST TO RIDE	HOURS YOUR REQUEST TO RIDE - 4 HOURS ONLY	DISTRICT YOU REQUEST TO RIDE IN
REASON YOU REQUEST TO RIDE		
YOUR SIGNATURE		DATE
For District Use Only	APPLICATION REVIEWED BY	DISTRICT

## AUTHORIZATION TO PARTICIPATE IN RIDE-ALONG PROGRAM

TO: Commander \_\_\_\_\_

The above-named applicant has been authorized to ride in a police vehicle in your organizational element.

Date/Time of Ride: \_\_\_\_\_

\_\_\_\_\_  
Director, Community Outreach Division

## VERIFICATION OF PARTICIPATION

TO: Director, Community Outreach Division

The above-named participant rode in a vehicle assigned to my organizational element on the above-designated date and time.

The participant was assigned to Scout Car/Cruiser \_\_\_\_\_ manned by Officer (s) \_\_\_\_\_.